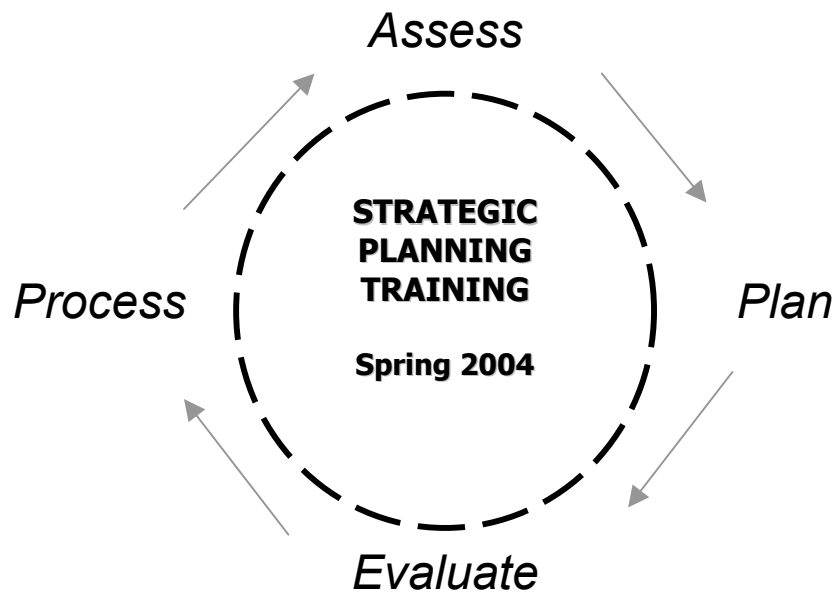


Tribal Strategic Plan Framework



LOCAL STRATEGIC PLAN FRAMEWORK

Purpose: Each form listed below is a necessary piece of your strategic planning process. The final strategic plan will be written by summarizing the information gathered using these forms. You are required to turn in each completed form to your contract manger in electronic format.

I. ASSESS – What have we got to start with?

Form: 1A Planning Group Matrix

Form: 1B Community Assets Assessment Form

Form: 1C Policy Assessments

- Turn in grid labeled “Existing Policies” only

Form: 1D Previous Capacity Assessments

- Fall 2003 Community Capacity Assessments **OR**
- Fall 2003 NPAIHB assessment **OR**
- 2003 Priority Population Self-assessments **OR**
- 2002 School Health Education Profile (SHEP) for ESD

II. PLAN – What are we going to do?

Form: 2A Completed Indicator Score Sheet

Form: 2B Completed “priority strategy form” for each prioritized strategies for plan
(Select number to prioritize based on existing resources & partnerships)

III. EVALUATE – How will we measure our objectives?

Form: 3A Evaluation Plan

Form: 3B Data Sources

IV. PROCESS – How did you put all this together?

Form: 4A Description of the process for how participants were engaged to create the plan

Form: 4B Description for how partners will be involved in ongoing program planning, including evaluation and dissemination of findings

Form: 4C Administrator Signature Page

*** All forms available electronically on the Contractors Resource Website**

Overview of Community Strategic Planning Process

Planning the Process

Determine:

- who should be involved and the frequency of meetings
- how will the process be documented
- what data is needed
- what are the potential barriers
- what are the factors that will enhance the success of the planning process
- what is the time frame for the process

People: Opening this process to a broad range of people expands expertise, increases understanding of the problem, generates more ideas and creates a sense of ownership and commitment to the plan and its implementation.

How? Community Mobilization/Policy Advocacy Presentations

Data: Use data to understand the extent of the tobacco problem in your community. Look for target groups, public perceptions about the problem and what should be done, and the resources available to address the problem (funds, skills and experience).

How? Step 1: Assessment

Sustainability: Planning is a time intensive task. To make the most of the effort, planners should think in terms of initiating efforts that will create lasting change.

How? Policy 101 Presentation

Priorities: Address the issues that have the highest need and the greatest opportunity to make an impact, while recognizing that “early” wins are necessary to maintain motivation and gain momentum.

How? Step 2: Prioritizing & Planning

Impact and Outcomes: Determine how the world will be changed as a result of your efforts. Look beyond the process measures such as counting the number of people reached or the creation of an advertising campaign. Strive to identify changes that influence the environment, in which tobacco is used, sold and promoted or the systems that affect the access and delivery of cessation services.

How? Step 2: Objective Setting

Evaluation: During the planning phase, determine the data needed to measure impact and outcomes, the methods to collect data, when to collect data, who will collect the data and how the data will be used to modify the program.

How? Step 3: Evaluation Planning

Strategic Planning Terminology

Assets: what you have to work with (capacity, existing policies)

Benchmark: a standard of performance – we're developing these for some of the indicators you'll see

Community: meaning County, Tribe, ESD/School, or Priority Population. Defined as groups that are bound together by common features or geographies.

Community Indicators: short-term or intermediate outcomes that can be attributed to local-level work...these are what you'll want to influence

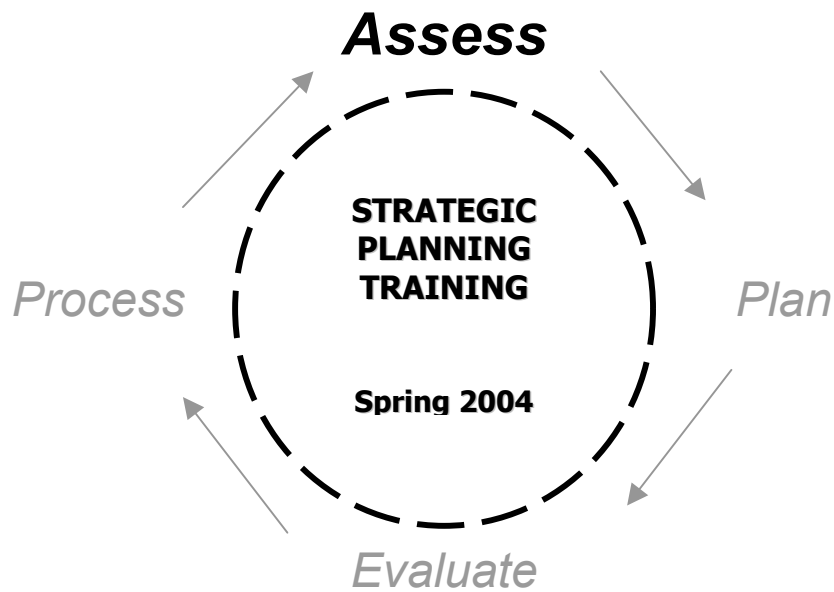
Goals: What you're really trying to do (may be set at different levels – big & small)

Objectives: Measurable steps to achieving a goal

Strategies: sets of activities that in combination influence the Community Indicators

Step 1

ASSESS



STEP 1: Working with Your Planning Group

Engage a diverse planning group that represents your community. Recognize the difference between whom you need for a planning group and who you need for a coalition.

Use “Washington State Tobacco Facts” (available in July) to make the case for why Tobacco Control is an important shared concern for many groups in your community.

Assess

- Recognize that not everyone may be comfortable or trained to use quantitative data
- Share your databook – or parts of it – with your planning group

Plan

- Not every participant may be familiar with public health models or ‘best practices’ for tobacco control
- Participants are likely to gravitate toward priorities that they understand, what they are familiar with (from their own job or personal experience)

Form 1A: TRIBAL PLANNING GROUP MATRIX

Purpose: Use this form to describe the members of your planning group. Write the name and title of each planning group member next to the Partner Group that he/she best represents. Use an additional sheet if necessary.

Tobacco Control Partner Group	Planning Group Member Name/Title	*See Note
School Staff and Administrators		
Voluntary Health Organizations (ALAW, ACS, AHA, etc.)		
Tribal Council members		
Tribal Business Groups		
Tribal Employees		
Youth Council, Young Adults		
Elders		
Tribal Housing personnel		
Youth Recreation/Prevention		
Environmental Department		
Tribal Clinic or Physicians		
Head Start		
WIC or First Steps program		
Dental Clinic		
CHR personnel		
Media (Tribal Newspaper, radio)		
Alcohol/Drug Prevention		
Community Health Director		
Current/Former Smoker or Survivor		
Community members		
Culture and Heritage staff		
Parent Organizations		
Faith-Based Groups		
Fire Department		
Law Enforcement		
Other (specify)		

* Is this person part of the Collaborative Needs Assessment Process (Yes/No)?

Form 1B: COMMUNITY ASSETS ASSESSMENT FORM

Purpose: Use this worksheet to determine what assets the organization has to work with. Completed worksheet will describe assets for the period of July 2004-June 2005

Community Asset

None Poor Fair Good Excellent Don't know

- | | | | | | | | |
|----|--|---|---|---|---|---|----|
| 1. | Total funding for tobacco control activities in community (all sources, not including indirect costs): | 1 | 2 | 3 | 4 | 5 | DK |
|----|--|---|---|---|---|---|----|

Size of population you serve:

Total amount of tobacco prevention \$'s available per person:

- | | | | | | | | |
|----|---|---|---|---|---|---|----|
| 2. | Extent that tobacco control advocacy training is provided to youth and adults to develop community leaders (includes staff at organizations, and also other stakeholders in key groups) | 1 | 2 | 3 | 4 | 5 | DK |
|----|---|---|---|---|---|---|----|
- SpeakOut advocacy training for youth
 - Prevention Summit
 - National, state, local meetings or trainings

Comments:

- | | | | | | | | |
|----|---|---|---|---|---|---|----|
| 3. | Extent that coalition leaders have successfully strengthened tobacco control policies or other public prevention policies | 1 | 2 | 3 | 4 | 5 | DK |
|----|---|---|---|---|---|---|----|

Comments:

- | | | | | | | | |
|----|---|---|---|---|---|---|----|
| 4. | Extent of participation by diverse stakeholders within the tribe on tobacco advisory boards or workgroups | 1 | 2 | 3 | 4 | 5 | DK |
|----|---|---|---|---|---|---|----|

Comments:

- | | | | | | | | |
|----|--|---|---|---|---|---|----|
| 5. | Extent of support by local key opinion leaders for tobacco control community norm changes.
(Tribal Council members, Health Director etc.) | 1 | 2 | 3 | 4 | 5 | DK |
|----|--|---|---|---|---|---|----|

Comments:

- | | | | | | | | |
|----|--|---|---|---|---|---|----|
| 6. | Extent of participation of non-traditional partners in tobacco control activism. | 1 | 2 | 3 | 4 | 5 | DK |
|----|--|---|---|---|---|---|----|

Comments:

- | | | | | | | | |
|----|--|---|---|---|---|---|----|
| 7. | Extent of satisfaction with program planning, community involvement, implementation, quality of services, and progress made by coalition members | 1 | 2 | 3 | 4 | 5 | DK |
|----|--|---|---|---|---|---|----|

Comments:

- | | | | | | | | |
|----|--|---|---|---|---|---|----|
| 8. | Extent that educational materials reflect the cultures, ethnic backgrounds, and language of the populations served in relation to the demographics of the community. | 1 | 2 | 3 | 4 | 5 | DK |
|----|--|---|---|---|---|---|----|

Note: a suggested threshold for providing materials tailored to a population group is 3% - if any group represents more than three percent of the community it is strongly recommended that materials be translated or tailored to specifically reach that group.

Comments:

Form 1C: See Policy Grids

Public Policy “Existing Policies”

Federal Laws and Rules

State Laws and Rules

Local Laws and Rules – add existing local policies to this grid

Local Policy Opportunities

Local Policies – if local policies exist add to above grid

FORM 1C: Existing Federal & State Tobacco Prevention Policies^{**}

FEDERAL LAWS and RULES

MSA = Master Settlement Agreement. These are conditions of joint settlement of states' Attorneys General from suit against major tobacco companies for illegally targeting and marketing to minors and violating consumer protection and antitrust laws. The settlement imposes major restrictions on the industry's advertising and marketing and provides states with mechanisms to enforce the agreement.

USC = United States Code. Contains a consolidation and codification of all general and permanent laws of the United States

CFR = Code of Federal Regulations. A compilation of the general and permanent rules of the executive departments and agencies of the federal government of the United States as published in the Federal Register. The code is divided into 50 titles representing broad areas of federal regulation

STATE LAWS and RULES

WAC = Washington Administrative Code. Regulations of executive branch agencies are issued by authority of statutes. Like legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations and arranges them by subject or agency. The online version of the WAC is updated twice a month.

RCW = The Revised Code of Washington (RCW) is the compilation of all permanent laws now in force. It is a collection of Session Laws (enacted by the Legislature, and signed by the Governor, or enacted via the initiative process), arranged by topic, with amendments added and repealed laws removed. It does not include temporary laws such as appropriations acts.

EO = Executive Order (of the Governor). Generally, a rule or regulation having the force of law promulgated directly by the Governor under his statutory authority. Executive Orders take effect unless the legislature takes action to disapprove them within a specified period of time.

^{**} We would like to acknowledge the California Technical Assistance Legal Center (TALC) for providing summaries of national policy, which we relied upon for MSA and federal code references and interpretation here. For more detail, refer to the TALC document: "Tobacco Laws Affecting California" – <http://talc.phi.org>

State or Federal Rules	Description	Enforcement Authority	Perceived Level of Community Enforcement (1= low, 5= high)	Possible Local Roles to Improve Enforcement
Capacity for Equitable Tobacco Control				
Warning Labels 15 USC Sections 1331-1341, 4402, 4404, 4405 Federal Trade Commission Agreements File 0023199-0023205	Federal Cigarette Labeling and Advertising Act (FCLAA) establishes comprehensive labeling and advertising regulations. Cigarettes, smokeless tobacco, and cigars [from 7 largest cigar companies] must display Surgeon General's warning labels on all packaging and advertising. State and local labeling are preempted.	Federal Trade Commission (penalty = fine up to \$10,000)		None expected
Television/Radio Cigarette Advertising 15 USC Sections 1335, 1338, 1339	Prohibits advertising cigarettes or little cigars on any media subject to the Federal Communications Commission (FCC) [TV or radio]. Does not apply to regular size cigars – [defined by weight]	US Attorney General. Information on filing complaints at www.fcc.gov/cgb/complaints.html (penalty = misdemeanor fine of not more than \$10,000)		None expected
Television/Radio Smokeless Tobacco Advertising 15 USC Sections 4402(e)-(f), 4404, 4405	Prohibits advertising smokeless tobacco on any media subject to the Federal Communications Commission (FCC) [TV or radio].	US Attorney General. Information on filing complaints at www.fcc.gov/cgb/complaints.html (penalty = misdemeanor fine of not more than \$10,000)		None expected

State or Federal Rules	Description	Enforcement Authority	Perceived Level of Community Enforcement (1= low, 5= high)	Possible Local Roles to Improve Enforcement
Federal Taxation 26 USC Sections 5701-5704, 5761-5763	<p>Manufacturers and importers of tobacco in the United States shall pay taxes specified for tobacco products. Tax per pack of cigarettes is 39 cents.</p> <p>Exceptions allowed for: tobacco provided for employee use or experimental use; certain products transferred or removed from domestic warehouses; certain products removed from customs; tobacco products exported and returned.</p>	Federal law enforcement agencies. Range of penalties.		None expected
State Taxation Rev 2002: RCW 82.26.020	<p>Retailers of tobacco products shall pay state tobacco tax of \$1.42 per pack of cigarettes. These funds are distributed:</p> <ul style="list-style-type: none"> • Health care = \$1.01 • General fund = \$0.23 • Programs to stop youth violence = \$0.105 • Water quality = \$0.08 <p>Active duty and retired military personnel are allowed to buy untaxed cigarettes through military commissaries, and enrolled members of federally recognized tribes may also buy untaxed cigarettes through tribal sales.</p> <p>Jenkins Act requires interstate shippers of cigarettes to notify a state of the company's intention to ship cigarettes to that state. The Department of Revenue receives a list of purchasers and can follow up to collect taxes.</p>	<p>Washington State Liquor Control Board (penalty = gross misdemeanor, products seized, \$10 per pack or \$250 minimum fine, plus taxes and interest; if more than 60,000 untaxed cigarettes it is a class C felony)</p> <p>The Department of Revenue is authorized by the Jenkins Act to monitor Internet purchases and collect taxes, with support from the LCB.</p>		Report any sales of tobacco without tax stamp or other illegal sales – Liquor Control Board complaint hotline: 888-838-3956
Tribal Taxation 2001: Authority for Tribal Tax Contracts established	Tribal nations may negotiate with the Washington State Governor's office to collect state taxes on tobacco products, which are then reimbursed to the tribe.	Office of the Governor?		

State or Federal Rules	Description	Enforcement Authority	Perceived Level of Community Enforcement (1= low, 5= high)	Possible Local Roles to Improve Enforcement
Outdoor Advertising MSA Sections II(ii), III(c), III(d)	<p>MSA prohibits outdoor tobacco ads, defined as billboards, signs and placards, in arenas, stadiums, shopping malls, and video game arcades, and any other tobacco ads that are outdoors or on the inside surface of a window facing outwards.</p> <p>Does not restrict ads less than 14 square feet, ads inside a store that are not facing outward, ads inside an adult-only facility, ads outside an adult-only facility advertising an event for no more than 14 days, ads outside a manufacturing facility.</p>	MSA – Attorney General's Office (penalty negotiated)		Report violations to AG Note: 14 square feet is <ul style="list-style-type: none"> • 1 foot X 14 feet • 2 feet X 7 feet • 3 feet X 4 feet 8 inches • 3 ½ feet x 4 feet
Transit Advertising on public and private vehicles MSA Sections II(xx), III(d), III(c.)(3)(E)	MSA prohibits ads on or within public or private vehicles, and placed at or within a bus stop, taxi stand, transportation waiting area, train station, airport or similar location.	MSA – Attorney General's Office (penalty negotiated)		Report violations to AG
Potentially Dangerous Litter - cigarettes/tobacco RCW 70.93.060	Tobacco products are defined as “potentially dangerous litter”	Class I civil infraction. Maximum penalty is \$500.		Educate/mobilize police to enforce law.

State or Federal Rules	Description	Enforcement Authority	Perceived Level of Community Enforcement (1= low, 5= high)	Possible Local Roles to Improve Enforcement
Sponsorship MSA Sections II(j), III(c).(1)-III(c).(6)	<p>Allows one brand-name sponsorship for each tobacco company in a 12-month period. A national or multi-state tour (e.g. Skoal Racing) counts as one sponsorship. Prohibits brand-name sponsorship of events where a 'significant' (not defined) percentage of the audience are youth; where participants/contestants are under 18; concerts; and football, basketball, soccer, baseball, hockey games. Prohibits naming a stadium or arena with a brand name, paying sports leagues (same as above) to use brand names.</p> <p>Allows sponsorship of events at adult-only facilities, vehicles bearing a brand-name in a brand-sponsored event, billboards for brand-sponsored event at the site for 90 days prior and 10 days after event, corporate name sponsorship (e.g., 'Altria' rather than "Marlboro")</p>	MSA – Attorney General's Office (penalty negotiated)		None expected??
Brand Name Merchandise MSA Sections III(f), III(c).(3)(C.)	<p>Prohibits the sale or distribution of apparel (t-shirts, hats) or other merchandise with a brand name on it.</p> <p>Does not apply to apparel or merchandise distributed or sold by a third party at the site of a brand name sponsorship, under certain circumstances.</p>	MSA – Attorney General's Office (penalty negotiated)		None expected
Tobacco Brand Names MSA III(j)	Prohibits naming of tobacco brands after any nationally recognized brand or trade name of a non-tobacco product, sports team, entertainment group, or celebrity	MSA – Attorney General's Office (penalty negotiated)		None expected
Product Placement MSA Section III(e)	<p>Prohibits payments by tobacco companies for product placement in movies, television, theater, video games, or other performances.</p> <p>Does not apply to media shown in adult-only facilities, media not intended for public distribution, or instructional media concerning non-conventional cigarettes if viewed only by adult smokers.</p>	MSA – Attorney General's Office (penalty negotiated)		Report violations to AG

State or Federal Rules	Description	Enforcement Authority	Perceived Level of Community Enforcement (1= low, 5= high)	Possible Local Roles to Improve Enforcement
Sampling MSA III(g) WAC 314-10-090 RCW 70.155.050 RCW 70.155.070	<p>MSA prohibits distribution of free samples of tobacco products, except at adult-only facilities or via special promotions (“two for one”) or consumer testing.</p> <p>Anyone distributing samples in Washington must obtain a license from the Liquor Control Board. For a manufacturer, the license is \$500 (class T1 license) and for an independent business the license is \$50 (class T2 license). No more than one sample pack per day (cigarettes), one sample of any brand/type and two total samples (cigars), one sample can/pouch (smokeless tobacco), or one sample unit of any other type of tobacco may be provided per eligible customer per day. Sampling may only be conducted in places where a person must be 18 or older to enter, in a licensed tobacco retailer establishment, or at a construction site. Regardless of location, sampling may not occur within 500 feet of a school, playground, or other youth facility.</p> <p>Coupons for tobacco products may only be distributed if they are to be redeemed in person (by a legal adult).</p>	MSA – Attorney General’s Office (penalty negotiated) Licensed sampling events – Liquor Control Board		Inspect licensed sampling events using ???
Proof of Purchase Gifts MSA Section III(h)	Prohibits use of ‘proof of purchase’ gifts (including coupons) without sufficient proof of adult age (e.g., a photocopy of a driver’s license or other government-issued ID card)	MSA – Attorney General’s Office (penalty negotiated)		Report violations to AG
Lottery 26 USC Section 5723(c.), 5762	Prohibits placement of any ticket or other lottery chance in or on any package of tobacco or cigarette papers.	US Department of Justice and Internal Revenue Service. (penalty = up to \$1000 fine and/or up to one year in prison)		None expected

State or Federal Rules	Description	Enforcement Authority	Perceived Level of Community Enforcement (1= low, 5= high)	Possible Local Roles to Improve Enforcement
Licenses for Tobacco Retailers RCW 70.155.130	Local communities are preempted from adopting or enforcing requirements for the licensure and regulation of tobacco product promotions and sales within retail stores, except that political subdivisions that have adopted ordinances prohibiting sampling by January 1, 1993: (1) Impose fees or license requirements on retail businesses for possessing or selling cigarettes or tobacco products, other than general business taxes or license fees not primarily levied on tobacco products; or (2) regulate or prohibit activities covered by RCW 70.155.020 through 70.155.080 .			Report unlicensed retailers to LCB.

State or Federal Rules	Description	Enforcement Authority	Perceived Level of Community Enforcement (1= low, 5= high)	Possible Local Roles to Improve Enforcement
Prevention				
Youth tobacco purchase, use, possession 1993: Youth Tobacco Prevention - RCW 70.155 1998: Minor's Possession Amendment to Youth Access law passed - RCW 70.155.080	Bans purchase, use, possession or attempted purchase, use, or possession of tobacco by youth under age 18. Tribes are neither governed nor preempted by state law – Tribal nations may seek to implement their own versions of this law.	LCB Local police Youth in possession of tobacco – Enforced by municipal and district courts (local police). Class III civil infraction (penalty: \$50 fine and/or up to 4 hours of community restitution/service. May also include mandated participation in an education/cessation program)		Conduct comprehensive youth access programs (retailer checks, public education, policymaker education, improved supportive enforcement systems) Educate/Mobilize local law enforcement to enforce youth tobacco possession laws; provide support systems for youth as part of enforcement
Cartoon Characters MSA Sections II(1), III(b)	Prohibits the use of cartoon characters in tobacco advertising and packaging.	MSA – Attorney General's Office (penalty negotiated)		Report violations to AG??
Youth Targeting MSA Section III(a)	Prohibits direct or indirect targeting of youth in tobacco advertising, promotion, marketing	MSA – Attorney General's Office (penalty negotiated)		??

State or Federal Rules	Description	Enforcement Authority	Perceived Level of Community Enforcement (1= low, 5= high)	Possible Local Roles to Improve Enforcement
School property ban USC Sections 6083(a), 6083(f)(1) RCW 28A.210.310	Prohibits smoking within any indoor facility utilized for kindergarten, elementary, or secondary education or library services for children Bans use of tobacco on school property (including buildings, grounds, school-owned vehicles) by anyone (staff, students, visitors)	Federal law – US Department of Education (penalty – up to \$1000 fine for each violation, per day) Washington State School District Administrators Association (WSSDA) model policy		Educate school districts to adopt/ enforce comprehensive, specific, policy and procedures for application of law
Cessation				
Medicaid coverage for pregnant women post-partum	Provides reimbursement for Nicotine Replacement Therapy or other pharmacotherapy for tobacco cessation to post-partum women enrolled in Medicaid			??

State or Federal Rules	Description	Enforcement Authority	Perceived Level of Community Enforcement (1= low, 5= high)	Possible Local Roles to Improve Enforcement
Secondhand Smoke				
Worksite Bans 1995: Clean Indoor Air Act - RCW 70.160 1988: Governor's Executive Order [Booth Gardner] banning smoking in state facilities - EO 88-06) 1994: SHS banned in office by L&I rule - WAC 296-800-240;revised 2001	<p>Bans smoking in all public places except in designated smoking areas. Smoking areas may be designated by the owner or other person in charge <u>except in</u>: (a) elevators; busses; streetcars; taxis (except those clearly designated by the owner to permit smoking); public areas of retail stores and lobbies of financial institutions; office reception areas and waiting areas of any government agency or organization; museums; public meetings or hearings; classrooms or lecture halls of schools, colleges, or universities; seating areas and aisle ways contiguous to seating areas of concert halls, auditoriums, theaters, indoor sports arenas; (2) hallways of healthcare facilities – except nursing homes, and lobbies of concert halls, theaters, auditoriums, indoor sports arenas.</p> <p>No public place other than a bar, tavern, bowling alley, tobacco shop, or restaurant, may be designated as a smoking area entirely.</p> <p>Smoking areas must be clearly marked.</p>	<p>Local fire departments for all venues except restaurants.</p> <p>Local health departments enforce smoking rules in restaurants.</p> <p>First offense is warning. Second offense is a civil fine of up to \$100 – each day of violation is a separate offense.</p>		<p>Mobilize/train local fire departments to enforce</p> <p>Educate exempted worksites about the benefits of voluntary policy adoption</p>

State or Federal Rules	Description	Enforcement Authority	Perceived Level of Community Enforcement (1= low, 5= high)	Possible Local Roles to Improve Enforcement
Childcare & Healthcare Facilities 20 USC Sections 6083(b), 6083(f) WAC 388-150-430 Licensing Requirements for Day Care Centers, 1990 WAC 388-148-430-0185 Licensing Requirements for Child Foster Homes/Group Homes, 2001	<p>Smoking is prohibited within any indoor facility used for healthcare, day care, or early childhood development (Head Start) funded by the Federal Government</p> <p>Smoking is prohibited in day care centers during operating hours or when the child is in care, and in vehicles when the licensee transports the child. The licensee may permit smoking outdoors, away from the building, where the child is not present.</p> <p>Smoking is prohibited in living spaces and vehicles while transporting children as part of foster homes, staffed residential homes, group care programs/facilities and agencies. Smoking is allowed outdoors away from children. Nothing in the law is intended to interfere with traditional or spiritual Native American ceremonies involving the use of tobacco.</p>	Federal law – US Department of Education (\$1000 fine per violation, per day)		??
Airline Flights 49 USC Section 41706	Smoking prohibited on domestic US airline flights. Also prohibited in foreign air travel arriving in or departing from the US.	Secretary of Transportation (penalty not specified)		None expected
State Ferries RCW 47.56.730	Smoking is prohibited on all Washington State ferries, except in designated outdoor aft weather deck (back deck) and only while the vessel is underway.			Monitor enforcement.

Form 1C: Local Policy Opportunities

GOAL ONE

Capacity for Equitable Tobacco Control

	Policy Opportunity Description	Level of Legal Jurisdiction (Who has authority?)	Washington Leaders (Communities that have pursued relevant policies in Washington)	Do local ordinances exist? Yes or No → if yes, fill in previous grid to describe local policy
1	Ban acceptance of tobacco company donations, require that grantees not accept tobacco industry donations/sponsorships	City, County, Community, funding/donor organizations in community, local libraries	DOH contractor policies	
2	Ban sale, sampling, or use of tobacco on specific public grounds	City, County, Community, college/university, fairgrounds, other public property	University of Washington Clark College Whitman County	
3	Limit zoning rules for new tobacco retailers in communities (particularly “tobacco discount” stores)	City, County	Communities that have banned “adult entertainment” industry California zoning laws (limiting stores per # of citizens)	
4	Add specific language regarding tobacco control to organizational mission statements, performance measures, objectives	City, County, Community organizations		
5	Limit storefront advertising – restrictions must be general, not specific to types of ads (alcohol or tobacco)	City, County	See safety-focused policies for storefront advertising restrictions. Bellevue Beautification Ordinance. (What are the local public safety ordinances?)	

Form 1C: Local Policy Opportunities

GOAL TWO

Prevent Initiation

	Policy Opportunity Description	Level of Legal Jurisdiction (Who has authority?)	Washington Leaders (Communities that have pursued relevant policies in Washington)	Do local ordinances exist? Yes or No → if yes, fill in previous grid to describe local policy
1	Ban smoking within X feet of school grounds	City, County, Community	Klickitat County (within eyesight)	
2	Ban smoking in parks/playgrounds/campgrounds*	City, County, Community	Clark County (voluntary but not written), Spokane County, Thurston County, Snohomish County	
3	Ban smoking at outdoor public events where more than X% of participants are children (county fair, zoo, rodeo, 'family days')	City, County, Community		
4	Include specific language for comprehensive tobacco prevention policy & procedures in school districts	School District Administrators	DOH model school policies	
5	Include required instruction on tobacco use, media literacy, and/or community service that includes tobacco advocacy for youth in schools	School Districts?? curriculum committees?	DOH model school policies	

* this approach has been considered previously as a 'secondhand smoke' goal related activity; however, the arguments for restricting smoking as a demonstration of community norms against tobacco for children may be more compelling than arguments related to secondhand smoke exposure outdoors.

Strategic Planning Forms: Please submit to DOH contract manager electronically by 12/31/2004

Form 1C: Local Policy Opportunities

GOAL THREE

Increase Cessation Resources

	Policy Opportunity Description	Level of Legal Jurisdiction (Who has authority?)	Washington Leaders (Communities that have pursued relevant policies in Washington)	Do local ordinances exist? Yes or No → if yes, fill in previous grid to describe local policy
1	Systematic Implementation of 'best practice' clinical interventions	Clinic systems, including public health clinics and services	Puyallup Tribe	
2	Coverage of NRT/ pharmacotherapy/ cessation support by healthcare plans	Large employers (including city, county, other government entities)		
3	Policy to hire only tobacco-free employees	Employers (including city, county, other private businesses)	Tacoma-Pierce County	

Form 1C: Local Policy Opportunities

GOAL FOUR

Eliminate Secondhand Smoke

	Policy Opportunity Description	Level of Legal Jurisdiction (Who has authority?)	Washington Leaders (Communities that have pursued relevant policies in Washington)	Do local ordinances exist? Yes or No → if yes, fill in previous grid to describe local policy
1	Ban smoking in restaurants, bars, bowling alleys, other worksites currently exempted in State Clean Indoor Air Act	? Pending Pierce Co appeal, currently perceived as state-level decision (legislative/initiative)	Tacoma-Pierce County	
2	Ban smoking in housing supported by public funds (federal HUD funds or local funds)	County, Community		
3	Ban smoking on public beaches, waterfronts, piers	City, County, Community	Olympia (piers?)	
4	Ban smoking in public transportation waiting areas (including bus stops)	City, County, Community	Thurston County Intercity Transit policy	
5	Ban smoking within X feet of buildings or air intake valves for buildings (or completely smoke-free campuses)	City, County, Community, Organization (e.g., college campuses, health department, hospitals)	Clark College Klickitat County Lewis County	
6	Addition of restaurant smoking to health inspection protocols and forms	County health departments	Chelan-Douglas health district	
7	Passage of “nuisance law” for Secondhand Smoke – gives landlord the right to evict tenants for behaviors	County, city	See community noise policies, dog policies.	
8	Require landlords to disclose to potential tenants whether smokers live adjacent/near to housing	City, County		

Form 1D: Locate Appropriate Assessment Form

Community Capacity Assessments

Who: Community Contractors

When: Fall 2003

Where to find it: Community contractors have a copy of their community assessment. Contact your DOH contract manager if you need a completed copy of your assessment.

Fall 2003 NPAIHB Assessment

Who: Tribes

When: Fall 2003

Where to find it: DOH – contact Dave Harrelson for more information

2003 Priority Population Self-Assessments

Who: Conducted for African American, Latino, Asian/Pacific Islander, Urban Indian, and LGBT communities

When: 2003

Where to find it: DOH – contact Dave Harrelson for more information

2002 School Health Education Profile (SHEP) for ESD

Who: ESDs

When: 2002

Where to find it: DOH – contact Susan Richardson or Carla Huyck for more information

Summarize:

1. What did you learn from your capacity assessment?
2. What changes did you make after the assessment process?

Step 2

PLAN



Step 2: Guideline for Prioritizing Indicators

1. Review Indicators (Use Form 2A attached)

Using a process that makes sense to your community, rate each community or school indicator.

Review of Indicators – Use Community or School Indicators Lists Provided

- May have planning group review all indicators OR
- May have planning group review only a shorter list of indicators that have been pre-screened by the staff (disclose to the group how those choices were made)

Scoring – Use Form 2A for every indicator

- Present each indicator to the planning group, allow each individual to rate each indicator, create a final 'score' as an average of everyone's score OR
- Present each indicator to the planning group, and come to a group consensus about the 'score' for each indicator

2. Prioritize Indicators

With community/school assets in mind, examine prioritized indicators and decide how many can be included in your strategic plan.

- You may do this with your full planning group OR
- Staff may present recommendations to the planning group

3. Write Objectives

For each indicator that is identified as a priority, set objectives using Form 2B. Use 'sample objectives' to generate ideas about what these should look like, but modify your objectives to be SMART:

- Specific
- Measurable
- Achievable & Ambitious
- Relevant
- Time-bound

Use community and school logic models to identify types of activities that will be included in annual workplans to achieve strategic plan objectives.

4. OPTIONAL Vision Statements

If you choose to, you could create a 'vision statement' for your overall plan or for the goal areas within your plan

Indicator Score Sheet (Form 2A)

Rating Scale Definitions

Instruction: (Use with Form 2A (Indicator Score Sheet))

Public awareness of need

- Do “people” realize this approach is needed?

Internal enthusiasm/agency commitment

- How much interest & support among staff, administration, coalition

Resources to do it well

- Research about what works, experience doing it, sufficient capacity/funds
- Partners in important organizations or networks

Potential for success

- Political climate
- Other factors that make it a “slam dunk” or “impossible dream”

Public health impact

- Does it really affect public health

Overall rating

- You could calculate this
- You could negotiate instead

Indicator Data Sources

Indicator Name	Suggested to Review	Data Source	Where to Locate
CpC-1 Engagement of Diverse Community Partners	# of key stakeholder groups engaged for TPC information sharing or advocacy	Planning Group Matrix	Planning Group Meetings
	New resources identified for tobacco control (including allocation of org funds, new grant funding)	Planning Group Knowledge	Planning Group Meetings
	Partner organizations have policies to reject tobacco industry sponsorship	Planning Group Knowledge	Planning Group Meetings
	Current status partner organizations with workplan commitments to TPC	Planning Group Knowledge	Planning Group Meetings
CpC-2 Community Support for Tobacco Control	Awareness of need for TPC among community	Planning Group Knowledge	Local Data
	% key community leaders supportive of organization	Planning Group Knowledge	Local Data
	# of pro-tob control articles in news (local)	Local Data	Local Data
	Current status of community support for tobacco control	CATALYST, Planning Group Knowledge	Planning Group Meetings
CpC-3 Availability and Sharing of Local Data to Describe Burden of Tobacco Use and Industry Activities	% of Healthy Youth Participation	HYS 2002 registration and completion files	Databook
	Collection of other data (if needed) to describe burden of tobacco use in community	Local Data	Local Data
	# tobacco industry sampling events	Sampling Report	Databook, Contractors Resource Website
	Current status of availability/ use of data in community	CATALYST, Planning Group Knowledge	Planning Group Meetings
PC-1 Restrict Youth Access to / Possession of Tobacco	% retail sales to minors for community	Synar history for counties	Contractors Resource Website, Databook
	% adults supporting youth access rules/laws in community	County BRFSS 2003	Contractors Resource Website
	% youth who think it's 'very hard' to get tobacco	Healthy Youth Survey 2002	Contractors Resource Website
	Current status of youth access in the community	CATALYST, Planning Group Knowledge	Planning Group Meetings

Indicator Data Sources

Indicator Name	Suggested to Review	Data Source	Where to Locate
PC-2 Parents Reinforce Tobacco-free Messages	% youth report parents have talked	Healthy Youth Survey 2002	Contractors Resource Website
	Current status parent delivery of tobacco-free messages	CATALYST, Planning Group Knowledge	Planning Group Meetings
PC-3 Youth Engagement to Deliver Tobacco-free Messages to Peers	% of youth who have participated in peer ed	CATALYST	Output Reports
	Current status of youth delivery anti-tobacco messages to peers	CATALYST, Planning Group Knowledge	Planning Group Meetings
PC-4 Youth Less Receptive to Pro-Tobacco Marketing	% youth would not use/wear promotional item	Healthy Youth Survey 2002	Contractors Resource Website
	% youth who currently own a promotional item	Healthy Youth Survey 2002	Contractors Resource Website
	Current status of youth receptivity/exposure to pro-tobacco marketing	CATALYST, Planning Group	Planning Group Meetings
PC-5 Coverage of Tobacco-free Community Policies & Norms	Schools with “model policy” components	SHEP	
	Youth cannot smoke near school property	Planning Group Knowledge	Planning Group Meetings
	Smoke-free events, parks/playgrounds	Policy Assessment Grid	Framework Form 1C
	Current status of community norms/policies	CATALYST, Planning Group Knowledge	Planning Group Meetings
CC-1 Use of Cessation Resources	Quitline call rate	Quitline Call Reports	Contractors Resource Website, Databook
	Awareness and use of cessation resources	BRFSS/ATS	Contractors Resource Website
	Current status of use existing support to quit	CATALYST, Planning Group Knowledge	Planning Group Meetings
CC-2 Universal Access to Pharmacotherapy Support	% tobacco users with or aware of NRT available through healthcare	BRFSS	Contractors Resource Website
	% employers providing NRT/pharmacotherapy through healthcare packages	New Employer Survey - 2004	To be released
	Current status availability of pharmacotherapy support	CATALYST, Planning Group Knowledge	Planning Group Meetings

Indicator Data Sources

Indicator Name	Suggested to Review	Data Source	Where to Locate
CC-3 Effective Healthcare Providers Interventions	% tob users advised to quit by healthcare	BRFSS	Contractors Resource Website
	% referred to help by healthcare	Quitline calls referred by healthcare provider, BRFSS	Contractors Resource Website
	# of systems with “best practice”	BTIS training #s	Databook
	Current status healthcare provider interventions	CATALYST, Planning Group Knowledge	Planning Group Meetings
CC-4 Availability of Community Cessation Resources	# of resources available at community level	Quit Line referral sources for county	Local Data
	Current status availability of cessation resources	CATALYST, Planning Group Knowledge	Planning Group Meetings
SC-1 Support for Community Smoking Bans & Policies	% belief in SHS harm, annoy		Contractors Resource Website
	% support restaurant/bar/other bans	BRFSS/ATS	Website
	Current status to promote, enforce community bans	CATALYST, Planning Group Knowledge	Planning Group Meetings,
SC-2 Coverage by Smokefree Worksite Policies	% workers exposed to SHS	BRFSS/ATS	Contractors Resource Website
	#/% worksites with good policy	New Worksite Survey - 2004	To be released
	% smokefree restaurants	Smokefree Restaurant Surveys	Local Data
	Current status smokefree worksite policy work	CATALYST, Planning Group Knowledge	Planning Group Meetings
SC-3 Coverage by Smokefree Public Policies	#/% campuses and venues with smokefree policies	Policy Assessment Grid, Planning Group Knowledge	Planning Group Meetings
	Current status smokefree public policy promotion	CATALYST, Planning Group Knowledge	Planning Group Meetings
SC-4 Coverage by Smokefree Home & Housing Policies	% homes with smokefree policies	BRFSS	Contractors Resource Website
	% smokefree housing units – apartments, public housing	Requires Local Measures, Planning Group Knowledge	Planning Group Meetings
	Current status smokefree housing activities	CATALYST, Planning Group Knowledge	Planning Group Meetings

Form 2A: Indicator Score Sheets

Indicator Codes

- CpC – Capacity Community/Tribe
- PC – Prevention Community/Tribe
- CC – Cessation Community/Tribe
- SC – Secondhand Smoke Community/Tribe

Indicator Overview

CpC – Capacity Community/Tribe

CpC-1 - Engagement of Diverse Community Partners

CpC-2 - Community Support for Tobacco Control

CpC-3 - Availability and Sharing of Local Data to Describe Burden of Tobacco Use and Industry Activities

PC – Prevention Community/Tribe

PC-1 – Restrict Youth Access to / Possession of Tobacco

PC-2 – Parents Reinforce Tobacco-free Messages

PC-3 – Youth Engagement to Deliver Tobacco-free Messages to Peers

PC-4 – Youth Less Receptive to Pro-Tobacco Marketing

PC-5 – Coverage of Tobacco-free Community Policies/Norms

CC – Cessation Community/Tribe

CC-1 – Use of Cessation Resources

CC-2 – Universal Access to Pharmacotherapy Support

CC-3 – Effective Healthcare Provider Interventions

CC-4 – Availability of Community Cessation Resources

SC – Secondhand Smoke Community/Tribe

SC-1 – Support for Community Smoking Bans & Policies

SC-2 – Coverage by Smokefree Worksite Policies

SC-3 – Coverage by Smokefree Public Policies

SC-4 – Coverage by Smokefree Home & Housing Policies

Form 2A Indicator Score Sheet: CpC-1 Engagement of Diverse Community Partners

Data Sources to Review:

- # of key stakeholder groups engaged for TPC info sharing or advocacy (planning group matrix)
- New resources identified for tobacco control (including allocation of org funds, new grant funding) - (planning group knowledge)
- Partner organizations have policies to reject tobacco industry sponsorship (planning group knowledge)
- Current status partner organizations with workplan commitments to TPC (planning group knowledge)

Rating Scale

Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet: **CpC-2 Community Support for Tobacco Control**

Data Sources to Review:

- awareness of need for TPC among community
- % key community leaders supportive of organization
- # of pro-tob control articles in news (local)
- Current status of community support for tobacco control (CATALYST, planning group knowledge)

Rating Scale

Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:
**CpC-3 Availability and Sharing of Local Data to Describe
Burden of Tobacco Use and Industry Activities**

Data Sources to Review:

- % of Healthy Youth Participation
- Collection of other data (if needed) to describe burden of tobacco use in community
- # tobacco industry sampling events (sampling report)
- Current status of availability/ use of data in community (CATALYST, planning group knowledge)

Rating Scale Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:

Data Sources to Review:

- % retail sales to minors for community (Synar history for counties)
- % adults supporting youth access rules/laws in community (county BRFSS 2003)
- % youth who think it's 'very hard' to get tobacco (HYS 2002)
- Current status of youth access in the community (CATALYST, planning group knowledge)

Rating Scale Low ----- High

1. Public awareness of need

1	2	3	4	5	I/D*	D/K**
---	---	---	---	---	------	-------

2. Internal Enthusiasm/Agency Commitment

1	2	3	4	5	I/D	D/K
---	---	---	---	---	-----	-----

3. Resources to do it well (research, knowledge, capacity)

1	2	3	4	5	I/D	D/K
---	---	---	---	---	-----	-----

4. Potential for success (includes political environment)

1	2	3	4	5	I/D	D/K
---	---	---	---	---	-----	-----

5. Public health impact (potential to actually improve health and health equity)

1	2	3	4	5	I/D	D/K
---	---	---	---	---	-----	-----

6. Overall rating for priority

1	2	3	4	5	I/D	D/K
---	---	---	---	---	-----	-----

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:
PC-2 Parents Reinforce Tobacco-free Messages

Data Sources to Review:

- % youth report parents have talked (HYS 2002)
- Current status parent delivery of tobacco-free messages (CATALYST, planning group knowledge)

Rating Scale Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:
**PC-3 Youth Engagement to Deliver Tobacco-free
Messages to Peers**

Data Sources to Review:

- % youth have participated in peer education (CATALYST)
- Current status of youth delivery anti-tobacco messages to peers (CATALYST, planning group knowledge)

Rating Scale Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:

Data Sources to Review:

- % youth would not use/wear promotional item (HYS 2002)
- % youth who currently own a promotional item (HYS 2002)
- Current status of youth receptivity/exposure to pro-tobacco marketing (CATALYST, planning group knowledge)

Rating Scale Low ----- High

1. Public awareness of need

1	2	3	4	5	I/D [*]	D/K ^{**}
---	---	---	---	---	------------------	-------------------

2. Internal Enthusiasm/Agency Commitment

1	2	3	4	5	I/D	D/K
---	---	---	---	---	-----	-----

3. Resources to do it well (research, knowledge, capacity)

1	2	3	4	5	I/D	D/K
---	---	---	---	---	-----	-----

4. Potential for success (includes political environment)

1	2	3	4	5	I/D	D/K
---	---	---	---	---	-----	-----

5. Public health impact (potential to actually improve health and health equity)

1	2	3	4	5	I/D	D/K
---	---	---	---	---	-----	-----

6. Overall rating for priority

1	2	3	4	5	I/D	D/K
---	---	---	---	---	-----	-----

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:
PC-5 Coverage of Tobacco-free Community Policies/Norms

Data Sources to Review:

- Schools with “model policy” components (SHEP)
- Youth cannot smoke near school property (planning group knowledge)
- Smoke-free events, parks/playgrounds (policy assessment grid)
- Current status of community norms/policies (CATALYST, planning group knowledge)

Rating Scale Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:
CC-1 Use of Cessation Resources

Data Sources to Review:

- Quitline call rate (QL call reports)
 - Awareness and use of cessation resources (BRFSS/ATS)
 - Current status of use existing support to quit (CATALYST, planning group knowledge)
-

Rating Scale Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:
CC-2 Universal Access to Pharmacotherapy Support

Data Sources to Review:

- % tobacco users with or aware of NRT available through healthcare (BRFSS)
- % employers providing NRT/pharmacotherapy through healthcare packages (new Employer survey 2004)
- Current status availability of pharmacotherapy support (CATALYST, planning group knowledge)

Rating Scale Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:
CC-3 Effective Healthcare Providers Interventions

Data Sources to Review:

- % tob users advised to quit by healthcare (BRFSS)
- % referred to help by healthcare (QL calls referred by healthcare provider, BRFSS)
- # of systems with "best practice" (BTIS training #s)
- * Current status healthcare provider interventions (CATALYST, planning group knowledge)

Rating Scale Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:
CC-4 Availability of Community Cessation Resources

Data Sources to Review:

- # of resources available at community level (Quit Line referral sources for county)
- Current status availability of cessation resources (CATALYST, planning group knowledge)

Rating Scale Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:
SC-1 Support for Community Smoking Bans & Policies

Data Sources to Review:

- % belief in SHS harm, annoy (BRFSS/ATS)
- % support restaurant/bar/other bans (BRFSS/ATS)
- Current status to promote, enforce community bans (CATALYST, planning group knowledge)

Rating Scale Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:
SC-2 Coverage by Smokefree Worksite Policies

Data Sources to Review:

- % workers exposed to SHS (BRFSS/ATS)
- #/% worksites with good policy (new: Worksite survey 2004)
- % smokefree restaurants (smokefree restaurant surveys – local data)
- Current status smokefree worksite policy work (CATALYST, planning group knowledge)

Rating Scale Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:
SC-3 Coverage by Smokefree Public Policies

Data Sources to Review:

- #/% campuses and venues with smokefree policies (policy assessment grid, planning group knowledge)
 - Current status smokefree public policy promotion (CATALYST, planning group knowledge)
-

Rating Scale Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2A Indicator Score Sheet:
SC-4 Coverage by Smokefree Home & Housing Policies

Data Sources to Review:

- % homes with smokefree policies (BRFSS)
 - % smokefree housing units – apartments, public housing (requires local measures, planning group knowledge)
 - Current status smokefree housing activities (CATALYST, planning group knowledge)
-

Rating Scale

Low -----High

1. Public awareness of need

1 2 3 4 5 I/D* D/K**

2. Internal Enthusiasm/Agency Commitment

1 2 3 4 5 I/D D/K

3. Resources to do it well (research, knowledge, capacity)

1 2 3 4 5 I/D D/K

4. Potential for success (includes political environment)

1 2 3 4 5 I/D D/K

5. Public health impact (potential to actually improve health and health equity)

1 2 3 4 5 I/D D/K

6. Overall rating for priority

1 2 3 4 5 I/D D/K

Notes:

* Insufficient Data

** Don't know

Form 2B: Priority Strategies for Strategic Plan

Instruction: Complete this form for each priority indicator to be included in the strategic plan (must complete form 2A first). Do not feel this form out for every indicator – only the ones that will be included in your strategic plan.

Indicator Name: *(Taken from the top of form 2A)*

Rationale:

Why you chose this indicator for prioritization.

SWOT:

Briefly describe relevant community Strengths, Weaknesses, Opportunities, and Threats.

Objective: *(Use this objective for the Evaluation Plan – Step 3)*

Use sample outcomes to develop at least one objective. (An objective should be SMART – Specific, Measurable, Achievable/Ambitious, Relevant, and Time-bound)

Activities:

Briefly reference what types of activities will be conducted to achieve the objective(s) – use logic models to help you

Critical Influence:

Identify the most important people that must be influenced to achieve your objective(s) [policymakers, decision-makers].

Key Partners:

Identify community partners (particularly those not currently at the table) that you should recruit to help you influence decision-makers and achieve your objective(s).

Supporting Materials: Community Indicators

Instruction: Communities, Tribes, and Priority Population Groups should set a reasonable number of priority indicator objectives relative to their resources, assets and capacity.

Goal 1: Create Capacity for Equitable Tobacco Control

Sample vision statement – “We will assure that all members of our community have equal access to tobacco control information, services, and resources, so that health improvements will be seen for all people, and tobacco-related health disparities will be eliminated”

(Capacity Community – CpC)

CpC-1. Engagement of Diverse Community Partners

*Sample **Policy** Outcomes*

- Increase the number of organizations serving diverse portions of the community that have official commitments to tobacco control activities in mission statements, strategic plans or annual workplans
- Increase the # of community organizations that have resources identified for tobacco control, including with new outside funding
- Increase the number of organizations serving diverse portions of the community that refuse tobacco industry sponsorship or support of events and programs

*Sample **Educational** Outcomes*

- Increase the number of organizations that are aware of the tobacco prevention & control program
- Increase use of training and technical assistance offered by local TPC program to community partners

CpC-2. Community Support for Tobacco Control

*Sample **Policy** Outcomes*

- Passage of public and private policies related to other goal areas

*Sample **Educational** Outcomes*

- Increase number of key policymakers who are aware of/support the TPC program
- Increase general population awareness of tobacco activities or organization in the community
- Increase general population participation in tobacco activities in the community
- Increase general population support for concepts related to tobacco control (i.e. ‘letters to the editor’ in support of tobacco control agenda)
- Decrease general population support for protection of tobacco industry activities

CpC-3. Availability and Sharing of Local Data to Describe Burden of Tobacco Use and Industry Activities

*Sample **Policy** Outcomes*

- Implement zoning restrictions on tobacco retailer locations
- Implement restrictions on storefront advertising
- Decrease number of events in the community that are sponsored by or receive support from the tobacco industry
- Create formal expectations on public policymaker agendas for updates about tobacco control in the community

*Sample **Educational** Outcomes*

- Increase general population awareness of local burden of tobacco use and industry marketing
- Increase policymaker awareness of burden of tobacco use and industry marketing

Goal 2: Prevent Initiation of Tobacco Use

Sample vision statement – “We will surround youth with constant, inescapable reinforcement of the message that there are no substantial benefits to using tobacco, and take away opportunities for youth to experiment, so that youth will never start or become addicted”

(Prevention Community – PC)

PC-1. Restrict Youth Access to / Possession of Tobacco

*Sample **Policy** Outcomes*

- Increase retail compliance during undercover checks (to prevent youth from buying tobacco)
- Increase % of retailers who voluntarily put tobacco products behind the counter (to prevent shoplifting by youth)
- Increase proportion of parents who have home rules to keep tobacco locked away from their children (to prevent theft by youth)

*Sample **Educational** Outcomes*

- Increase public support for enforcement of youth access laws

PC-2. Parents Reinforce Tobacco-free Messages

*Sample **Policy** Outcomes*

- Increase % parents who say the rules in their home do not tolerate tobacco use for youth

*Sample **Educational** Outcomes*

- Increase parent awareness of need to communicate tobacco-free values to children
- Increase parent skills to discuss tobacco-free values with children
- Increase parent opportunities to quit, to communicate tobacco-free values to children

PC-3. Youth Engagement to Deliver Tobacco-Free Messages to Peers

*Sample **Policy** Outcomes*

- Increase number of policies (see other goal areas) successfully implemented by youth advocacy groups

*Sample **Educational** Outcomes*

- Increase opportunities for youth to deliver tobacco-free messages to peers
- Increase #/% of youth who participate in anti-tobacco programs or groups

PC-4. Youth Less Receptive to Pro-Tobacco Marketing

*Sample **Policy** Outcomes*

- Decrease # of youth venues where tobacco marketing or promotion is allowed
- Increase #/% of youth/school programs that require media literacy education

*Sample **Educational** Outcomes*

- Increase % of youth who say they would not use/wear tobacco industry marketing item

PC-5. Coverage of Tobacco-free Community Policies/Norms

*Sample **Policy** Outcomes*

- Increase number of public venues where youth congregate where tobacco is not allowed at all (parks, playgrounds, fairgrounds)
- Increase number of community-based youth or family events or programs where smoking is not tolerated by youth, or modeled for youth (for example, youth 'late night' events, "family fun fairs")
- Increase number of police departments that have made official commitments and dedicated resources to enforce youth possession laws, including in cooperation with school policy enforcement

*Sample **Educational** Outcomes*

- Increase public support for banning tobacco use and enforcing no-tobacco policies in a variety of venues

Goal 3: Increase Cessation of Tobacco Use

Sample vision statement – “We will surround tobacco users with direct and indirect motivating factors and opportunities to quit, so that they will quit successfully”

(Cessation Community – CC)

CC-1. Use of Cessation Resources

*Sample **Policy** Outcomes*

- .n/a

*Sample **Educational** Outcomes*

- Increase use of existing cessation resources
- **Increase awareness of the Quit Line**

CC-2. Universal Access to Pharmacotherapy Support

*Sample **Policy** Outcomes*

- Increase employer insurance coverage of NRT/Pharmacotherapy

*Sample **Educational** Outcomes*

- Increase employer awareness or benefits for providing coverage
- Increase awareness among tobacco users about existing benefits in healthcare packages

CC-3. Effective Healthcare Provider Interventions

*Sample **Policy** Outcomes*

- Increase #/% of community healthcare systems formally adopting/implementing ‘best practice’ interventions

*Sample **Educational** Outcomes*

- Increase #/% of healthcare providers who have received training, information about ‘best practices’
- Increase #/% of healthcare providers who provide referrals to the Quit Line

CC-4. Availability of Community Cessation Resources

*Sample **Policy** Outcomes*

- Increase # of organizations with a formal commitment to providing support

*Sample **Educational** Outcomes*

- Increase # of referrals available at county level through Quit Line
- Increase awareness of existing cessation resources

Goal 4: Eliminate Non-smoker Exposure to Secondhand Smoke

Sample vision statement – “We will create a community where non-smokers will not be exposed to secondhand smoke no matter where they go”

(Secondhand Smoke Community – SC)

SC-1. Support for Community Smoking Bans and Policies

*Sample **Policy** Outcomes*

- Increase referrals for enforcement of existing policies in a variety of venues

*Sample **Educational** Outcomes*

- Increase knowledge about harm/annoyance from secondhand smoke
- Increase support for bans in a variety of venues

SC-2. Coverage by Smokefree Worksite Policies

*Sample **Policy** Outcomes*

- Increase #/% worksites [from among specific worksites, if desired] with formal policies that ban smoking
- Increase % smokefree restaurants in community

*Sample **Educational** Outcomes*

- Increase employer awareness and support for options in creating smokefree worksites

SC-3. Coverage by Smokefree Public Policies

*Sample **Policy** Outcomes*

- Increase #/% of public venues, private venues that are smokefree [may designate % from among a list of ‘family’ venues]
- See “policy grid” for specific policy options

*Sample **Educational** Outcomes*

- Increase policymaker awareness and support for options in creating smokefree environments

SC-4. Coverage by Smokefree Home and Housing Policies

*Sample **Policy** Outcomes*

- Increase #/% of public-funded housing that is smokefree
- Increase #/% of apartment units that are designated as smokefree
- Increase % of private homes with rules about not smoking

*Sample **Educational** Outcomes*

- Increase awareness about benefits and methods for creating smokefree homes/housing

Supporting Materials: Strategies

COMMUNITY

Goal: Capacity – Community (CpC)

CpC-1: Engagement of Diverse Community Partners

- Coalition C1.01
- Youth Coalition C1.02
- Summit/Forum C1.03
- SpeakOut C1.11

CpC-2: Community Support for Tobacco Control

- Raising Awareness/Public Relations Campaign C1.07

CpC-3: Availability and Sharing of Local Data to Describe Burden of Tobacco Use & Industry Activities

- Local data collection C1.10

Catalyzing Activities – Could Contribute to Any Indicator

- DOH Meetings C1.04
- State/National Meetings/Trainings C1.05
- Volunteer Involvement C1.06
- In-Depth Capacity Assessment C1.09
- DOH Conference Calls C1.12

Goal: Prevention – Community (PC)

PC-1: Restrict Youth Access to / Possession of Tobacco

- Compliance Checks C2.01
- Retailer Education C2.02
- Public Awareness re. Youth Access/Possession C2.03
- Policy Education re. Youth Access/Possession C2.04

PC-2: Parents Reinforce Tobacco-free Messages

- Public Awareness/Education for Families C2.05

PC-3: Youth Engagement to Deliver Tobacco-free Messages to Peers

- Training for Advisors C2.09
- Peer Education Programs (TATU) C2.10

PC-4: Youth Less Receptive to Pro-Tobacco Marketing

- Public Awareness/Education re. Industry activities & sponsorship C2.06
- Operation Storefront C2.07
- Media Literacy Programs C2.11

PC-5: Coverage of Tobacco-free Community Policies/Norms

- Support School Programs C2.08
- Diversion Programs C2.12
- Note: Smokefree 'outdoor air' policies where children are present (SC-3 related to parks/playgrounds) may be considered as community norms efforts for prevention

Catalyzing Activities – Could Contribute to Any Indicator

- In-Depth Prevention Assessment C2.13
- Task force/Workgroup C2.14

Goal: Cessation – Community (CC)

CC-1: Use of Cessation Resources

- Promote Quit Line C3.01
- Public Awareness/Education C3.02

CC-2: Universal Access to Pharmacotherapy Support

- Employer Cessation Support C3.03

CC-3: Effective Healthcare Provider Interventions

- Healthcare Systems Change (BTIS) C3.04

CC-4: Availability of Community Cessation Resources

- Adult Cessation Resources C3.05
- Youth Cessation Resources C3.06
- Local Assessment of Cessation Resources C3.07

Catalyzing Activities – Could Contribute to Any Indicator

- In-Depth Cessation Assessment C3.09
- Task Force C3.08

Goal: Secondhand Smoke – Community (SC)

SC-1: Support for Community Smoking Bans & Policies

- Public Education C4.01
- Training re. SHS C4.04
- Smokefree Guides C4.05

SC-2: Coverage by Smokefree Worksite Policies

- Business Education SHS C4.02
- Policy Education C4.03

SC-3: Coverage by Smokefree Public Policies

- Policy Education C4.03
- SHS Law Enforcement Education C4.10
- Note: Assumes 'SC-1: Support for Community Bans' has been achieved
- Note: 'Outdoor air' policies where children are present may be framed as community policies/norms for prevention (PC-5)

SC-4: Coverage by Smokefree Home & Housing Policies

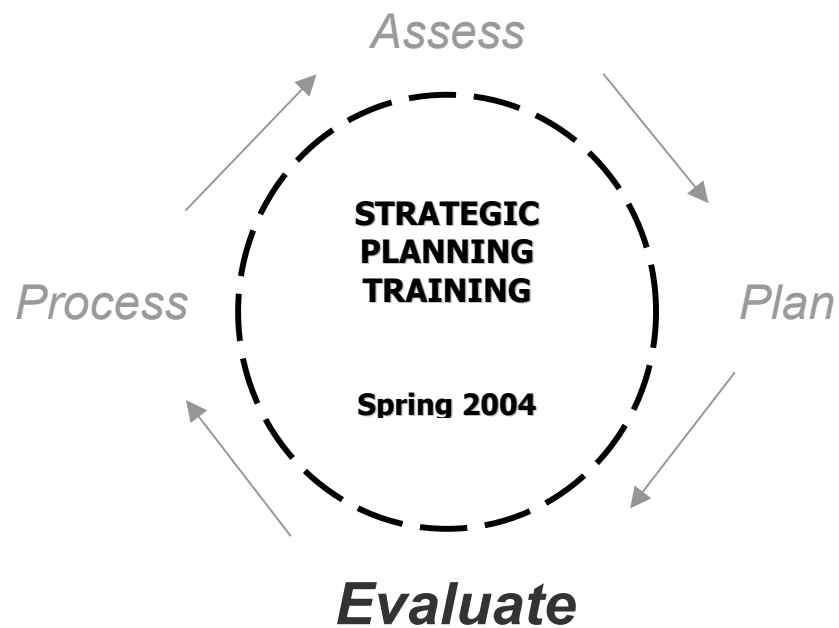
- Policy Education C4.03
- Public Education Homes/Autos C4.08

Catalyzing Activities – Could Contribute to Any Indicator

- In-Depth SHS Assessment C4.06
- Task Force C4.07

Step 3

EVALUATE



Form 3A: EVALUATION PLAN

Staff may complete the evaluation documentation for your strategic plan. We suggest doing this in consultation with DOH or other evaluation experts.

Instruction: Enter each objective from your Strategic Plan (Form 2B) into this Evaluation Plan. Document any non-standard data sources in Form 3B.

Priority Indicator Name	Objective Explicitly measurable	Data Sources	Baseline (if no baseline available, indicate when one will be available)
Capacity for Equitable Tobacco Control			
Prevention			
Cessation			
Secondhand Smoke			
EXAMPLE			
Example: PC1-1	By December 2007, we will increase the percent of worksites that have 'no smoking' policies to 30%. (note that this is not a SMART objective because it is not really relevant...)	<i>Standard Data Sources:</i> Healthy Youth Survey, BRFSS/ATS Birth Certificate, School Health Education Profile (SHEP), Compliance Check data Operation Storefront Survey, TATU evaluation tools, Industry Sampling data (any data used other than from sources listed above should be described in Form 3B)	10% of worksites surveyed in 2004 had 'no smoking' policies.

Form 3B: Data Sources

1. (IF NEEDED) Describe how you will collect any non-statewide data that you will need to collect to measure the achievement of your objectives.
2. OPTIONAL: Identify 3-4 questions that you would like to add to existing telephone surveys (see below) to evaluate your plan priorities. These don't have to have finalized questions – work with DOH to identify sources for questions that get at what you want to measure.
 - County programs – county-level adult telephone surveys (200+ respondents)
 - Priority populations – state-level adult telephone surveys for particular groups
 - Tribes – currently DOH surveys do not gather tribal-specific information
3. COMMUNITIES ONLY: You are strongly encouraged to complete a more intensive evaluation on at least one activity during this time period. This means either completing an evaluation report that describes a full logic model for the activity and evaluation (including inputs, activities, outputs, outcomes) OR participating in an evaluation with other communities that is coordinated by DOH.

Identify which activity you will be evaluating. Evaluation reports will be due in 2005-06 contract year (describing implementation during 2004-05).

Intensive evaluation project:

Create Capacity

- ☐ Community Advisory Board

Prevent Initiation

- ☐ Teens Against Tobacco Use
- ☐ Youth Diversion
- ☐ Operation Storefront

Increase Cessation

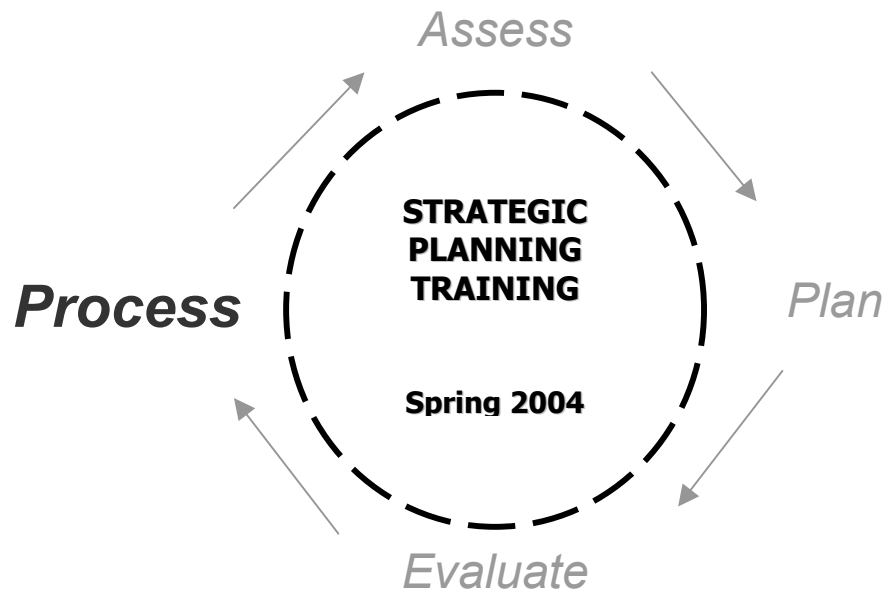
- ☐ Healthcare Provider Outreach

Eliminate Secondhand Smoke

- ☐ Worksite Policy Improvement
- ☐ Other (specify):

Step 4

PROCESS



Form 4A: Strategic Planning Process Meeting Agenda

Instruction: Complete this form for all meetings of the Planning Group.

Meeting date: Time:
Location:
Attending:
Staff work in preparation for meeting:
Meeting objectives:
Decisions or accomplishments (report as an output in CATALYST):
Next Steps:

Form 4B: Keeping the Process Going

Instruction: Complete this form after your strategic plan is complete. Brief responses please!

1. Describe how you initially recruited/engaged the members of your planning group.
2. Describe how you integrated your strategic plan with any other tobacco control contractor operating in your geographic area – i.e. ESD, Tribes, DASA, Disparity Contractors, other (required!)
3. Describe how you will share your organization's completed strategic plan with your community.
4. How will you use this strategic plan in the DASA Coordinated Collaborative Needs Assessment?
5. How often and how will you keep your planning group engaged in reviewing how the strategic plan implementation is progressing?
6. How will you involve the planning group when interpreting your findings (implementation, evaluation results)?
7. How do you anticipate findings will be incorporated into your ongoing program planning? (areas of success and challenge)
8. How will you disseminate your findings to community leaders and the public?

Form 4C: Administrators Signature Page

Purpose: Organizational support is important to the success of a strategic plan. The Department of Health has begun laying the groundwork at the state-level to build administrative support for this process at the local-level.

Instruction: Please include a cover letter/signature page to your Strategic Plan

Possible content for letter - **DRAFT** pending discussion with DOH and LHJ leadership:

- The administrator of your program acknowledges that tobacco control is an important priority for the organization (and why)
- He/she agrees that the plan was developed with community (whatever that means) support and based on good assessment of capacity & data
- He/she indicates that the plan will guide the priorities and work of the organization related to tobacco control for the next 3 years
- He/she commits to personally and organizationally support the staff and community to achieve the objectives of the plan
- Administrators Signature Line

Recap – What forms get turned into DOH?

Checklist

Step 1:

- ☐ Planning Group Matrix (Form 1A)
- ☐ Community Assets Assessment (Form 1B)
- ☐ Policy Grid (Form 1C)
- ☐ Assessment Summary (Form 1D)

Step 2:

- ☐ Indicator Score Sheet (Form 2A/Indicator)
- ☐ Priority Indicator Sheet for each selected priority (Form 2B)

Step 3:

- ☐ Evaluation Plan (Form 3A)
- ☐ Data Sources (Form 3B)

Step 4:

- ☐ Process - Meeting Agenda (Form 4A)
- ☐ Keeping the Process Going (Form 4B)
- ☐ Administrators Signature Page (Form 4C)

Final Step

Summarize the information gathered in Steps 1 – 4 to create a public version of your organizations strategic plan. See sample strategic plan for suggested layout.

SAMPLE!

Sample Strategic Plan for Tobacco Control

Cover Sheet/Signature Page

Sample content for letter - DRAFT pending discussion
with DOH and LHJ leadership

Organization Name:

I _____ acknowledge that tobacco is an important priority for our organization. This plan was developed by staff with the support of our community partners and based on a thorough analysis of the data, capacity and assets.

This plan has both administrative and organizational support and will guide the priorities and work of the organization related to tobacco control for the next 3 years.

Signature of Administrator

Planning Group Members

Leadership Team

Community Participants

Staff

A diverse planning group leadership team was convened by invitation of the administrator of the LHJ. Additional participation and community comment was obtained during a series of public forums, and also through key informant interviews conducted by organization staff.

Planning group leadership members convened two times between July 2004 and December 2005. A summary of these meetings is included as an appendix.

The planning group will continue in an advisory role to the organization, and meet annually to check progress toward objectives. We will also provide a program update to the Community Board of Health on an annual basis. A report will be available to the public in July 2007 to describe results.

This document describes our specific plans for achieving this goal, and will govern the focus of work conducted by tobacco prevention and control programs in our community for the next three years (July 2005-June 2007).

This plan has been aligned with tobacco prevention & control plans for:

- ESD X
- Tribal Nation
- Center for Multicultural Health (Tobacco Prevention in African American Communities)

Our Goal

The planning group that came together to create this Tobacco Prevention and Control Plan established the following common vision to improve public health for our community:

Our goal is to eliminate secondhand smoke exposure by assuring:

- All children in homes will be completely protected from secondhand smoke

PLANNING PROCESS

Assessment

Our group reviewed the following information to inform the strategic plan.

- An assessment of our community assets, using a form provided by the State Department of Health Tobacco Prevention & Control Program (TPC)
- Data to describe the burden of tobacco use in our community, provided in a 'databook' by the TPC from a variety of surveys and data collection systems
- Results from a community capacity assessment (completed in Fall 2003)
- Results from a discussion about 'existing policy enforcement' for state/federal laws in our community, and documentation/enforcement for one additional local policy. We also reviewed what policies could be attempted in our community.

Significant findings included:

- We have about \$10,000 to spend on a specific strategy
- Many community partners are willing to help
- We want to do policy but have not had much experience
- Exposure to secondhand smoke is much higher in our community than in other communities
- We had one local policy that prohibited smoking in a local park, but it was not enforced and it was felt that this did not have as much impact on secondhand smoke as on community norms for preventing youth initiation.

Setting Priorities

Staff conducted a pre-review of 16 community indicators, and prioritized them as 'high' or 'low'. These rankings and rationale were approved by the planning group, and subsequent attention of the group was focused on the 5 'high' priority indicators.

We carefully reviewed all existing data and discussed benefits and barriers to working on the various indicators.

Based on our findings, we prioritized the indicators as follows:

1. Smokefree policies in homes & housing
2. Smokefree public policies
3. Restrict youth access to tobacco use
4. Increase effective healthcare provider interventions
5. Youth deliver tobacco-free messages to peers

Based on what resources are available in our community to implement a plan, the group recommended focusing only on the first priority for the next 3 years (July 2005-June 2008).

THE PLAN (repeat this step for each priority indicator)

Priority: Create Smokefree Policies in Homes & Housing

Rationale:

We chose this priority for our community based on the following criteria –

- There was high awareness in our community about the need to protect children from secondhand smoke
- The partner organizations in our community were community had administrative support to address this issue
- We felt that sufficient resources were available to do it well
- We have sufficient information about how to address this need
- Eliminating smoking in homes and housing will significantly improve the health of an important population group – our community's children.
- Public housing serves important segments of our community where children are currently most at risk for SHS exposure: low income, less educated people.

Strengths, Weaknesses, Opportunities, Threats:

Barriers to working on this strategy may include resistance from public housing authorities – these groups have expressed commitment to the concept of smokefree public housing policies, but not specific commitment to participating.

Objective:

By July 2007, we will have policies in our community so that at least 50% of publicly funded housing is designated smokefree. Currently no housing is designated as smokefree.

We will measure our objective using a local policy assessment. In June 2007. This assessment will use the same tool provided by TPC in July 2004.

Activities:

We will educate housing officials about the dangers of SHS exposure for children.

We will provide model policies to housing officials and key community leaders.

Critical Influence:

We must effectively influence:

- Public housing agency officials
- Parents who currently smoke around their children
- Policymakers who provide funds to housing officials

Key Partners:

Support for this effort is available from the local pediatric clinic, [Specify].

We will also attempt to gain support from the American Cancer Society and [specify] to achieve our objectives.

Sample Appendix: Strategic Planning Process
Meeting Agenda

Complete this form for all meetings of the Planning Group.

Meeting date: August 1, 2004 Time: 9-12
Location: Health department
Attending: Bob Jim Renee Lois
Staff work in preparation for meeting:
Meeting objectives: <ul style="list-style-type: none">• Familiarize group with purpose of Strategic Plan – to guide annual workplans for 3 years in our community•
Decisions or accomplishments:
Next Steps:

How DOH will review & use your Strategic Plan

Process

- Diversity of partners
- Clear process for inclusive planning

Effective Use of Data

- Evidence of providing data to the process
- Accurate reflection of data in priority setting

Influence:

Does the objective include influence on any of the following domains?

- a. Environment
- b. Community
- c. Institutional or Organizational
- d. Interpersonal
- e. Individual

Sustainability:

Are priorities sustainable? (Objectives reflect policy, systems change, norms change)

Workplan:

- Activities for 05-06, 06-07, 07-08 contract years will be reviewed against the strategic plan
- SMART objectives in workplan are for process/output measures associated with activities